

## **GILBERT ASSISTANCE PROGRAM**

The Town of Gilbert Parks and Recreation Department offers an assistance program to help economically disadvantaged children to register for parks and recreation programs to improve their quality of life through recreational opportunities. Please refer to our recreation guide for a complete class list and general information. To apply for the Gilbert Assistance Program, please complete this form in its entirety and return it to the Gilbert Parks and Recreation Department along with all the required financial and proof of residency documents.

#### **Assistance Program Guidelines:**

- Assistance is not guaranteed and is available on an as-needed basis.
- You must be a Gilbert resident to participate in the program.
- Proof of residency must be turned in with the application.
- Assistance amount will not exceed \$100 per child, per calendar year (Jan. 1 Dec. 31).
- Any amount over the approved \$100 must be paid in full at time of registration.
- Assistance funds do not cover extra charges for class (supply fees, instructor fees or books).
- Please allow at least 7-10 business days prior to the upcoming session registration or class start date for application processing.
- Refunds requested prior to the refund due date found in the recreation guide will be issued and assistance funds placed back into the remaining balance on the GAP account.
- No refunds will be issued after the refund due date found in the recreation guide.
- Parks and Recreation Department is committed to being fair and equitable to all participants, therefore we are unable to make exceptions to any class policies.

#### Required Financial & Proof of Residency Documentation:

- A copy of the two (2) most recent paycheck or unemployment check stubs for all household members that receive any form of income.
- Proof of residency can be in the form of a current utility bill, rental agreement, or bank statement.

In order to be approved, your family must meet the following income guidelines according to the family size living in the household:

**Hand Deliver or Mail** your completed application and required documents to:

Town of Gilbert Parks & Recreation Department Attn: Linda Tunney, GAP Coordinator 90 E. Civic Center Drive Gilbert, AZ 85296

For further information call: 480-503-6200

See reverse side for application.

Maricopa County Low-Income Guidelines				
(Official Use Only)				
<u>Income</u>				
\$11,638				
\$15,613				
\$19,588				
\$23,563				
\$27,538				
\$31,513				
\$35,488				
\$39,463				



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### **TOWN OF GILBERT PARKS & RECREATION DEPARTMENT**

Address:		Apt#: State: <u>Arizona</u> Zip Code:		
City:	Sta			
Phone (primary):	Cell Phone:	Email:		
Annual Income: \$				
Spouse's Full Name (if appli	cable):			
Phone (primary):	Cell Phone:	Email:		
Annual Income: \$				
Total number of Family mem	nbers in household (must be ac	counted for on ap	oplication):	
Person included in Family m	embers not requesting scholar	ship:		
Please apply scholarship to	the following children who are	17 years of age a	nd under in my househo	old:
NAME	M/F RI	ELATIONSHIP	DATE OF BIRTH	AGE
Please indicate the contribut	ion rate which you are best ab 25% □ 15% rovided is true and correct, and	le to pay: (Pleas	se check one box)	
Applicant Signature:	Date:			
TOWN OF GILBERT STAFF USE ONI	Y:			
GAP Coordinator:	Divis	ion Manager:		
Proof of Residency Confirmed:	☐ Utility Bill or ☐ Rental Agreemen	nt or $\square$ Bank Stater	nent	
Financial Documents:   Copy	2 Pay Stubs Bi-weekly or ☐ Copy 4	Pay Stubs Weekly		
	2 Pay Stubs Bi-weekly or □ Copy 4			
Additional Comments:				